SUMMARY SHEET

FORM (RF-3)

	Change in Company's prer Effective January 9, 2006	nium or rate	level produced by	y rate revision
(1)	<u></u>	(2	2)	(3)
(-/			Premium	Percent
Covera	ge	<u>Volume</u>	(Illinois)*	<u>Change (+ or -)**</u>
3	tomobile Liability Private Passenger Commercial			
]	tomobile Physical Damage Private Passenger Commercial			
	bility Other Than Auto			
	glary and Theft			
5. Gla	· ·			
6. Fid				
7. Sur	5			
	ler and Machinery			
9. Fire	<u> </u>			
	ended Coverage			
	and Marine			
	meowners	-		
	mmercial Multi-Peril 🦯			
14. Cro		-		
	ner Farm/Ranch	\$187	70,566	- 3.0%
10. 04		4 1/0.	0,000	
Does fi If so, sp	ling only apply to certain territo becify:	ory (territorie	s) or certain class	es? No
	escription of filing. (If filing fol zation, specify organization):			evity Discount Program
a. * **				
**Chan	sted to reflect all prior rate char ge in Company's premium leve It from application of new rates	el which will		
			AMEDICANIE	AMILY MUTUAL INS. CO.
	DIVISION OF INSURANCE	7		ame of Company
	STATE OF ILLINOIS/IDFPR		^	• •
		i	James P. Me	yer
	DEC 1 2 2005		U	•
		1		Official - Title
	SPRINGFIELD, ILLINOIS	i	James P. Meyer	. ACP. AIM

Senior Pricing Analyst/Filings

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective May 1, 2006

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liebility		
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril	\$5,139,759	-1.1%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
2000	filing only apply to certain territory (t	erritories) or certain classes? If	so, specify:
	lies to all territories and classes		
App Brief	description of filing. (If filing follow		on, specify organization):
App Brief Revi	description of filing. (If filing follow	on Factors es.	
App Brief Revi	description of filing. (If filing follow sing Company Package Modification of the company Package Modification of the company state of the change in Company's premium level was a second of the company of the change in Company's premium level was a second of the company of the	on Factors es.	
App Brief Revi	description of filing. (If filing follow sing Company Package Modification of the Company Package Modification of the Company of the Company's premium level was a company's premium level was a company of the Company	es. hich will result from application	of new rates.
App Brief Revi	description of filing. (If filing follow sing Company Package Modification of the company Package Modification of the company state of the change in Company's premium level was a second of the company of the change in Company's premium level was a second of the company of the	es. hich will result from application Continental Wester	of new rates.
App Brief Revi	description of filing. (If filing follow sing Company Package Modification distribution of filing.) djusted to reflect all prior rate change hange in Company's premium level was premium level	es. hich will result from application Continental Wester	of new rates.
App Brief Revi	description of filing. (If filing follow sing Company Package Modification of the Company Package Modification of the Company of the Company's premium level was a company's premium level was a company of the Company	es. hich will result from application Continental Wester	of new rates.

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced	06/01/06	
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11, Inland Marine		
12. Homeowners		
	£4.470.000	0.000
3. CMP (Ultrasure for Property Owners)	\$1,472,823	0.0%
4. Crop Hail	<u> </u>	· .
5. Other		
Does filing only apply to certain territory (territories) or	lvisory organization, specify organiza	No. ation): es, and changes to
'Adjusted to reflect all prior rate changes. *Change in Company's premium level which will result	from application of new rates.	
	Erie Insurance	: Company
	Name of Co	empany
	Jose Fortiell	2~
	Ross C. Fonticella, ACAS, MA	AA
	Vice President and Manager	
	Official -	Title
	DIVISION OF INSURAN STATE OF ILLINOIS/IDEPE	CE

ECEINED.

SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) (2) (3) Annual Premium Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinary	effective 06/01/06	d by rate revision effective	ny's premium or rate level produce	Change in Company's p	Cha
Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety			(1)	(1)	
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety			<u>verage</u>	Coverag	
9. Fire			ommercial nysical Damage nger Commercial Than Auto Theft	Passenger Comme Automobile Physical Private Passenger Liability Other Than Burglary and Theft Glass Fidelity Surety Boiler and Machine	2. 3. 4. 5. 6. 7. 8.
9. Fire 10. Extended Coverage 11, Inland Marine 12. Homeowners 13. Commercial Multi-Peril (Ultrapack) \$976,694 0.0% 14. Crop Hail 15. Other			Ū	 Extended Coverage Inland Marine Homeowners Commercial Multi-F Crop Hail 	10. 11, 12. 13. 14.
Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No	If so, specify: No	or certain classes? If so, spec			Doe
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Introduction of new classes of business, higher coverage amounts for ERISA, new coverages, and changes to burglar alarm eligibility.	RISA, new coverages, and changes to	rage amounts for ERISA, new	classes of business, higher cover	ntroduction of new class	Intro
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.	of new rates.	ult from application of new rate			
DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR STATE OF ILLINOIS/IDFPR Name of Company Official - Title	Name of Company The Lice a, ACAS, MAAA Ind Manager	Ross C. Fonticella, ACAS, M Vice President and Manager	DEC 15 2005	·	

Change in Company's premium or rate level produced by rate revision effective $\frac{2}{1/2006}$.

(1)	(2)	(3)	
	Annual Written Premium	Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
1. Automobile Liability Private Passenger Commercial			
2. Automobile Physical Damage Private Passenger Commercial			
3.Liability Other Than Auto 4.Burglary and Theft 5.Glass			
6. Fidelity 7. Surety			
 8. Boiler and Machinery 9. Fire 10. Extended Coverage 		— DIVISIO STAT	ON OF INSURANCE E OF ILLINOIS/IDFPR E OF ILLINOIS/IDFPR
11. Inland Marine12. Homeowners13. Commercial Multi-Peril	42,911,828		SEP 2 1 2005
14.Crop Hail 15.Other Line of Insurance		SPR	INGFIELD, ILLINOIS
Does filing only apply to certaclasses? If so specify:	in territory (territo		
Brief description of filing. (I organization, specify organiza See Explanatory Memorandum			

Federal Insurance Co.
Name of Company

Official - Title

Assistant Vice President & Actuary

^{*}Adjusted to reflect all prior rate changes

^{**}Change in Company's premium level which will result from application of new rates.

[^] See Explanatory Memorandum.

Change in Company's premium or rate level produced by rate revision effective 2/1/2006.

(1)	(2)	(3)	
	Annual Written Premium	Percent	
_Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -)	<u>* * * </u>
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage		—·—···	
Private Passenger			DIVISION OF INSURANCE
Commercial			DIVISION OF INSUHANDED STATE OF ILLINOIS/IDEPR
3.Liability Other Than Auto			STATE OF ILLINOIS IDEA
4. Burglary and Theft			0.1.2005
5.Glass			SEP 2 1 2005
6.Fidelity			
7. Surety			SPRINGFIELD, ILLINOIS
8. Boiler and Machinery			SPRINGFILLO
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13.Commercial Multi-Peril	5,578,220	< 1.1%	^
14.Crop Hail	***************************************		
15. Other			
Line of Insurance			
Ooes filing only apply to certa :lasses? If so specify:	in territory (territ		
Brief description of filing. (I organization, specify organiza See Explanatory Memorandum			

See Explanatory Memorandum.

Great Northern Insurance Co.

Name of Company

Official - Title

Assistant Vice President & Actuary

^{*}Adjusted to reflect all prior rate changes

^{**}Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective $\frac{2}{1/2006}$.

Annual Written Premium Percent Coverage Volume (Illinois)* Change (+ or _).** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 728,665 13. Commercial Multi-Peril Pine STATE OF ILLINOIS OPER INSURANCE STATE OF ILLINOIS OPER INSURANCE STATE OF ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization): See Explanatory Memorandum	(1)	(2)	(3)	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 1728,665 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):		Annual Written Premium	Percent	
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Coverage	<pre>Volume (Illinois)*</pre>	<u>Change (+ or -)**</u>	-
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 728,665 Automobile Physical Damage Fried DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	1. Automobile Liability			
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 15. Other Line of Insurance Division Of Insurance SEP 2 1 2005 Springfield, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division of Insurance SEP 2 1 2005 Serief description of filing. (If filing follows rates of an advisory organization, specify organization):	-			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	•			
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD. ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division Of Insurance STATE OF ILLINOIS/IDEPR PRECENSED SEP 2 1 2005 Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	-			
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization);				
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division Of Insurance SEP 2 1 2005 Separate of ILLINOIS Division Of Insurance SEP 2 1 2005 Separate of ILLINOIS Separate of ILLINOIS Separate of Insurance Separate of an advisory organization, specify organization:				
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR SEP 2 1 2005 Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division of Insurance STATE OF ILLINOIS/IDEPR SEP 2 1 2005 Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	8. Boiler and Machinery			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division OF Insurance STATE OF ILLINOIS/IDEPR STATE OF ILLINO	9.Fire			
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division OF Insurance STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR SEP 2 1 2005 Coes filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	10. Extended Coverage			
13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Division OF INSURANCE STATE OF ILLINOIS/IDFPR SEP 2 1 2005 Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
14. Crop Hail 15. Other Line of Insurance DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR SEP 2 1 2005 Coes filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				
Line of Insurance SEP 2 1 2005 Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):		728,663	< 1,1% ^_	VISION OF INSURANCE
Line of Insurance SEP 2 1 2005 Does filing only apply to certain territory (territories) or certain classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	-			STATE OF ILLINOIS/IUPPH
SEP 2 1 2005 Oces filing only apply to certain territory (territories) or certain Classes? If so specify: SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):				RECEIVED
Sprief description of filing. (If filing follows rates of an advisory organization, specify organization):	dine of insulance			CED 2 1 2005
Springfield, ILLINOIS Springfield, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):	Does filing only apply to certa:	in territory (territ	ories) or certai	D 254 5 1 5002
SPRINGFIELD, ILLINOIS Brief description of filing. (If filing follows rates of an advisory organization, specify organization):		-		
organization, specify organization):		**************************************		PRINGFIELD, ILLINOIS
organization, specify organization):				
See Explanatory Memorandum				
	See Explanatory Memoranaum		·•·	

Pacific Indemnity Co. Name of Company Assistant Vice President & Actuary

^{*}Adjusted to reflect all prior rate changes

^{**}Change in Company's premium level which will result from application of new rates.

See Explanatory Memorandum.

Change in Company's premium or rate level produced by rate revision effective $\frac{2}{1/200}$

(1)	(2)	(3)	
	Annual Written Premium	Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity	-		ON OF INSURANCE
7. Surety 8. Boiler and Machinery		I CTAI	FE OF ILLINUISADEET I
9. Fire		THE STATE OF THE S	ECENTED
10.Extended Coverage			0 1 200F
11. Inland Marine			SEP 2 1 2005
12. Homeowners			
13. Commercial Multi-Peril	6,145,337	₹ 1.1% ^p	INGFIELD. ILLINOIS
14. Crop Hail		SPR	INGFIELD. ILLINOIS
15. Other		<u></u>	
Line of Insurance			
ooes filing only apply to certa lasses? If so specify:	in territory (territ		
Brief description of filing. (I	f filing follows rate	es of an advisory	-
rganization, specify organiza	tion):		
See Explanatory Memorandum		·	

Vigilant Insurance Co.
Name of Company

Mrwlland Assistant Vice President & Actuary Official - Title

^{*}Adjusted to reflect all prior rate changes

^{**}Change in Company's premium level which will result from application of new rates.

See Explanatory Memorandum.